

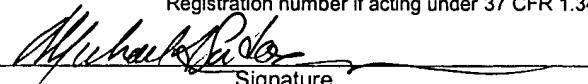


PTO/SB/22 (06-04)

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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) 32307-168819	
Application Number 09/749,743-Conf. #5546		Filed	December 28, 2000
For SPEECH COMPLEMENTING APPARATUS, METHOD AND RECORDING MEDIUM			
Art Unit 2655	Examiner Tim P. Lao		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	Fee	Small Entity Fee	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110.00	\$55.00	\$ 110.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$420.00	\$210.00	\$
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$950.00	\$475.00	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1,480.00	\$740.00	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2,010.00	\$1,005.00	\$
<b>RECEIVED</b>			
OCT 15 2004			
Technology Center 2600			
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account No. 22-0261.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>22-0261</u> .			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>41,289</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____			
 Signature			
October 12, 2004			
Date			
<u>Michael A. Sartori, Ph.D.</u> Typed or printed name			
(202) 344-4000 Telephone Number			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below			
<input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.			

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